

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>SA</i>		5-18-00

Best Available Copy

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	1/14/03
Original	2/26/04
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29	✓
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50	✓

Claim	Date
Final	1/14/03
Original	3/26/04
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Claim	Date
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If more than 150 claims or 10 actions  
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